

Article

Consecrated life today comparison of general health characteristics between non clerical and clerical samples

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Simple Summary: A Simple summary goes here.

Abstract: ddfdf

Keywords: keyword 1; keyword 2; keyword 3 (list three to ten pertinent keywords specific to the article, yet reasonably common within the subject discipline.).

1. Introduction

2. Methods

2.1. Measures

2.1.1. Health complains

ZDE PROSÍM DOPLN OBECNÉ INFO. For analytical purposes, participants responses were dichotomised. Answers ranging from 1: “almost never” up to 3: “approximately once a week” were recoded as “Not many times per week” and answers ranging from 4: “More than one a week” up to 5: “approximately every day” were recoded as “Many times a week”.

2.1.2. Long lasting illness

Zde moc prosím dopln info o otázkách týkajících se onemocnění

2.1.3. Chronotype

Zde prosím info o otázkách na sovy a ptáčka

2.2. Participants

2.2.1. Sample one

First sample ($n = 1800$, Age: $M = 46.41$, $SD = 17.4$, Females: 51.28%) consisted of participants from nationally representative sample collected in 2016. In this dataset we did not find subjects responding incongruently to the control items i.e. feeling the God presence despite being Non-religious or atheist. Thus, no participant was excluded from a dataset.

2.2.2. Sample two

The second sample was collected in..... From the original dataset ($n = 1263$), we excluded 120 participants who responded incongruently to 3 repeatedly asked questions and those, who were speeders i.e. time spend filling questionnaire was < 10 min. The three control questions included age (difference > 2 years), weight and height (difference > 2 kilogram and centimes). Hence, the number of participants was 1143. Based on the results of outliers screening procedure (see statistical analysis section), we also removed subjects, which responded to large number of questions in the same way ($n = 2$). Therefore, the final number of participants was 1141 (Age: $M = 49.2$, $SD = 16.73$, Females: 46.45%).

2.2.3. Sample three

The third sample ($n = 1662$) was collected during May 2021 (zde moc psł dopln další info). After data were collected, we excluded participants ($n = 166$) reporting incongruent answers and those who were classified as speeders. The criteria were the same as in the second sample. This resulted in 1496 (Age: $M = 50.67$, $SD = 15.79$, Females: 44.05%) participants. No participant with uniform responses was detected.

2.2.4. Sample four

A sample of Catholic order members in the Czech Republic and in the Slovak Republic was recruited to take part in a survey regarding various aspects of today's consecrated life. The respondents were recruited by contacting the major superiors of all male and female religious institutes in both countries. After six weeks, the information about the survey was sent directly into the local communities in order to increase the number of respondents. The research was done under the auspices of the Conference of Major Religious Superiors of the Czech and Slovak Republic. The superiors were asked to spread an online or a paper-and-pencil questionnaire among the members of their communities and to support its completing. Data was collected from March to May 2021. This sample initially consisted of $nrow(data.cons.raw)$ participants. In the first step, we excluded participants ($n = nrow(data.cons.raw) - nrow(data.cons.raw.hq)$) who were classified as speeders i.e. finished questionnaire typically lasting more than 30 minutes in < 10 minutes. After this exclusion, $nrow(data.cons.raw.hq)$ participants remained. We also removed participants who filled questionnaire multiple times ($n = nrow(data.cons.raw.hq) - nrow(filter(data.cons.raw.hq, duplicities == "0"))$) resulting in ($n = nrow(data.cons.dups.rem)$) of subjects. This sample consisted of $nrow(data.cons.cz)$ Czech participants and $nrow(data.cons.sk)$ Slovak participants. Other than Czech and Slovak participants were excluded ($n = nrow(data.cons.dups.rem) - nrow(data.cons)$) resulting in $nrow(data.cons)$ subjects (Age: $M = rmean(data.consAge, na.rm = T)$ Age, $na.rm = T$) $\%>\%$ $round(digits = 2)$, Females: $rround(per.male_female.s4[["Female"]]*100, digits = 2)\%$). No uniform pattern of responding was detected in this sample.

2.3. Statistical analysis

As suggested by Shapiro-Wilk test and by histograms, normality assumption was broken in all samples. Thus, non - parametric methods were used. Homogeneity of variances was equal in all samples as indicated by the Breusch-Pagan test. As the null hypotheses of the MCAR test in all our surveys was not rejected, we deleted missing values listwise. Outliers were explored by the Median Absolute Deviation (MAD). Outliers identified by the MED were consequently screened and if there were signs of uniform pattern of responding i.e. answering the number of items in the same manner, than outlier were removed from the dataset.

To explore differences in health status among clerics and non - clerics, we compared in logistic regression models long lasting illnesses of clerics to reported long lasting illnesses of participants from representative sample. In these models, reported long lasting illness was as a dependent

variable, grouping variable distinguishing clerics from non - clerics was regressor and covariates were are, gender, education and length of a life in clerical order.

them to the representative sample diagnoses of illnesses reported by participants on the variable

3. Results

The table 1 depicts basic socio-demographic characteristics of the study samples.

Table 1. Socio-demographic table

Characteristic	Sample 1 N = 1,800	Sample 2 N = 1,141	Sample 3 N = 1,496	Sample 4 N = 393
Gender				
Female	923 (51%)	530 (50%)	659 (44%)	310 (79%)
Male	877 (49%)	523 (50%)	835 (56%)	83 (21%)
Family_status				
Not in relationship	439 (24%)	267 (25%)	201 (13%)	
Married	929 (52%)	461 (44%)	714 (48%)	
Divorced	158 (8.8%)	201 (19%)	252 (17%)	
Widow /Widower	133 (7.4%)	73 (6.9%)	91 (6.1%)	
In relationship	141 (7.8%)	51 (4.8%)	236 (16%)	
Education				
Basic school	141 (7.8%)	90 (8.7%)	91 (6.1%)	1 (0.3%)
Vocational school or non - maturity high school	442 (25%)	400 (39%)	572 (38%)	12 (3.1%)
High school	854 (47%)	377 (36%)	451 (30%)	48 (12%)
Higher vocational school or University	363 (20%)	169 (16%)	380 (25%)	330 (84%)
other: ošetrovatelský kurz				1 (0.3%)
other: PhD.				1 (0.3%)
Economical_status				
Without work	261 (14%)	149 (14%)	172 (13%)	
Pensioner	430 (24%)	325 (31%)	420 (32%)	
Working	1,109 (62%)	559 (54%)	707 (54%)	
Faith				
Yes, I am a member of church	170 (9.4%)		132 (9.4%)	
Yes, but I am not a member of a church	361 (20%)		331 (24%)	
No	1,004 (56%)		680 (48%)	
No, I am convinced atheist	265 (15%)		262 (19%)	

3.1. Chronotype differences

In the first step of the analysis, we compared clerics with non-clerics in their self-reported chronotype. Pearson, chi-square test revealed that there was no difference between these two groups across the two surveys see Table 2.

Table 2. Differences in chronotype across samples (N = 2731)

Characteristic	Chronotype		p-value
	Early bird, N = 1,496	Night own, N = 1,235	
Source			0.2
Panel	498 (33%)	453 (37%)	
Vaccination	812 (54%)	632 (51%)	
Consecrated	186 (12%)	150 (12%)	

3.2. Chronical illness differences

Regression analysis indicated that

Table 3. Depicts associations (in Odds ratios) between living in clerical life and chronical mental and physical diseases

Allergy	Migraine	Pain of unclear origin	Pain in the small pelvis	Depression/ Anxiety
1.09 (0.72, 1.60)	0.75 (0.41, 1.25)	0.92 (0.41, 1.82)	1.73 (0.82, 3.29)	2.18** (1.31, 3.49)
1.15 (0.45, 2.84)	0.71 (0.18, 2.40)	1.66 (0.28, 7.30)	2.54 (0.50, 10.9)	1.09 (0.32, 3.40)
Ischemic heart disease	Hypertension	Stroke	Astma	
0.33 (0.05, 1.06)	0.84 (0.54, 1.26)	1.15 (0.18, 3.98)	1.04 (0.57, 1.76)	
0.06 (0.00, 1.61)	0.17* (0.04, 0.59)	0.00 (0.00, 0.52)	0.54 (0.13, 1.97)	
Cancer	Diabetes	Obesity	Arthritis	
1.61 (0.55, 3.81)	0.29** (0.10, 0.65)	1.52 (0.93, 2.38)	1.05 (0.52, 1.90)	
0.18 (0.01, 2.30)	0.26 (0.02, 1.99)	0.67 (0.18, 2.08)	0.09* (0.01, 0.62)	
Back pain	Gastric or duodenal ulcers	Chronic lung disease	Skin diseases eczema	
0.97 (0.69, 1.36)	0.61 (0.15, 1.67)	0.47 (0.03, 2.27)	1.11 (0.61, 1.88)	
0.81 (0.34, 1.84)	1.00 (0.05, 9.07)	0.61 (0.03, 3.62)	0.58 (0.13, 2.13)	

Note: p < 0.05 *, p < 0.01 **, p < 0.001 ***, Adjusted effect was calculated using the following variables as a covariates: Age, Gender Education. Values in brackets indicates 95% confidence interval

porovnat řeholníky slováky s řeholníky čechy

3.3. Subsection Heading Here

3.3.1. Subsubsection Heading Here

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4. Discussion

5. Conclusion

6. Patents

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Author Contributions: For research articles with several authors, a short paragraph specifying their individual contributions must be provided. The following statements should be used "X.X. and Y.Y. conceive and

designed the experiments; X.X. performed the experiments; X.X. and Y.Y. analyzed the data; W.W. contributed reagents/materials/analysis tools; Y.Y. wrote the paper.” Authorship must be limited to those who have contributed substantially to the work reported.

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Abbreviations

The following abbreviations are used in this manuscript:

MDPI	Multidisciplinary Digital Publishing Institute
DOAJ	Directory of open access journals
TLA	Three letter acronym
LD	linear dichroism
MSE	Mean Square Error

Appendix A

Appendix A.1

The appendix is an optional section that can contain details and data supplemental to the main text. For example, explanations of experimental details that would disrupt the flow of the main text, but nonetheless remain crucial to understanding and reproducing the research shown; figures of replicates for experiments of which representative data is shown in the main text can be added here if brief, or as Supplementary data. Mathematical proofs of results not central to the paper can be added as an appendix.

Appendix B

All appendix sections must be cited in the main text. In the appendixes, Figures, Tables, etc. should be labeled starting with ‘A’, e.g., Figure A1, Figure A2, etc.

Sample Availability: Data used for the analysis in this study as well as the code are publically available and can be found on the Open Science Network website (<https://osf.io/ad6b3/>).



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